

00684.003286

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re App	lication of:)	
HIROOM	II MATSUZAKI	:)	Examiner: Robert B. Beatty
Applicati	on No.: 09/988,342	:)	Group Art Unit: 2852
Filed:	November 19, 2001) :	Confirmation No. 8519
For:	PROCESS CARTRIDGE, ELECTROPHOTOGRAPHIC IMAGE FORMING APPARATUS AND CARTRIDGE MOUNTING METHOD) :) :	April 2, 2004
P.O. Box	ioner for Patents 1450 ia, VA 22313-1450		

Amendment

Sir:

In response to the January 2, 2004 Office Action, please consider the following amendments and remarks.



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HIROOMI MATSUZAKI	,	Examiner. Robert B. Beatty
	:	Group Art Unit: 2852
Application No.: 09/988,342)	
Filed: November 19, 2001	;	
1100. 100011001 12, 2001	:	Confirmation No. 8519
For: PROCESS CARTRIDGE, ELEC-)	
TROPHOTOGRAPHIC IMAGE	:	April 2, 2004
FORMING APPARATUS AND)	-
CARTRIDGE MOUNTING METHOD	:	
Commissioner for Patents		
P.O. Box 1450		
Alexandria, VA 22313-1450		•
Sir:		
	ment A	And Substitute Specification in the above-
identified application.		

X No additional fee is required.

The fee has been calculated as shown below

			CLAIMS AS AMENDED)		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	51	MINUS	56	= 0	x \$9 \$18	\$
INDEP. CLAIMS	3	MINUS	3	= 0	x \$42 \$84	\$
Fee for Mult	Fee for Multiple Dependent claims \$140°/\$280					\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$	

	°Verified Statement	claiming smal	l entity status is	s enclosed,	if not filed	previously
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	A check in the amount of \$\\$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
	A check in the amount of \$ to cover the fee for a month extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.
	Attorney for Applicants Gary M. Jacobs Registration No.28,861

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza
New York, New York 10112-3801

Facsimile: (212) 218-2200

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